

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

FROM
W083
LW

KDOR: 124125

Check Applicable Boxes:

[✓] Oil Lease: No. of Wells _____ **
[] Gas Lease: No. of Wells _____ **
** SIDE TWO MUST BE COMPLETED **

Effective Date of Transfer Sept. 1, 1994

Lease Name Knipp Lease
_____ Sec 12 T 09 R 21 W E

[✓] Saltwater Disposal Well - Docket No. CD-67717
Spot Location: 330 feet from N/S Line
330 feet from E/W Line
[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No _____
Number of injection wells _____ **

Legal Description of Lease: SE/4

County Graham

Production Zone(s) KC & Arb.

Field Name MOR-1

Injection Zone(s) _____

Surface Pond Permit # _____
(API No. If Drill Pit) _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 7973

Contact Person: Ruggie Romine

Past Operator's Name and Address:
Al-Lu-Lyn oil, Inc.
Box 115
Ellis, KS 67637

Phone: 913-726-3545

Date 9/1/94

Title _____

Signature _____

New Operator's License No. 31494

Contact Person Gregory Balthazar

New Operator's Name and Address

Phone (913) 425-6340

Oil/Gas Purchaser Farm hand Incl

Date 9-7-94

Title _____

Signature _____

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

_____ is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # _____. Recommended action _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____.

Date _____
Authorized signature _____

Date _____
Authorized signature _____

SEP 16 1994

Form T1 7/94